

**SOUTH DAKOTA FINANCING STATEMENT – UCC 3  
APPROVED STANDARD FORM**

Secretary of State  
500 E. Capitol • Pierre, SD 57501-5070 • 605-773-4422

Fee \$ \_\_\_\_\_

Account # \_\_\_\_\_

**PLEASE TYPE THE INFORMATION ON THIS FORM ACCORDING TO ALL INSTRUCTIONS PRINTED ON THE BACK OF THE UCC 3 FORM**

NOTE: Type smaller than 8 point is not acceptable. This is an example of 8 point type.

**1. SECURED PARTY NAME AND ADDRESS** insert only one secured party name (1a or 1b)

or	1a. ORGANIZATION'S NAME			
	1b. INDIVIDUAL'S LAST NAME			
		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

**2. ASSIGNEE OF SECURED PARTY NAME AND ADDRESS** insert only one assignee name (2a or 2b)

or	2a. ORGANIZATION'S NAME			
	2b. INDIVIDUAL'S LAST NAME			
		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

**3. DEBTOR'S EXACT FULL LEGAL NAME** – insert only one debtor (3a or 3b) – do not abbreviate or combine names.

or	3a. ORGANIZATION'S NAME			
	3b. INDIVIDUAL'S LAST NAME			
		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
3d. TAX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION DEBTOR	3e. TYPE OF ORGANIZATION	3f. JURSDICTION OF ORGANIZATION	3G. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE

**4. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** – insert only one debtor name (4a or 4b) – do not abbreviate or combine names.

or	4a. ORGANIZATION'S NAME			
	4b. INDIVIDUAL'S LAST NAME			
		FIRST NAME	MIDDLE NAME	SUFFIX
4c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
4d. TAX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION DEBTOR	4e. TYPE OF ORGANIZATION	4f. JURSDICTION OF ORGANIZATION	4G. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE

THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NO. \_\_\_\_\_ (limited to one transaction per UCC 3)

DATE \_\_\_\_\_ FILED WITH \_\_\_\_\_

☐ **CONTINUATION**

The financing statement bearing the above file number is still effective.

*Cannot be filed more than six months prior to the expiration date.*

Fee: \$20 and \$2 for each additional debtor name

☐ **TERMINATION**

The secured party no longer claims a security interest under the financing statement bearing the above file number. **Must be signed by** secured party for effective financing statements.

Fee: None

☐ **ASSIGNMENT**

The secured party's rights to the property described below under the statement bearing the above file number have been assigned to the assignee whose name and address are listed above. **Must be signed by** secured party and debtor for Effective Financing Statement.

Fee: \$20 and \$2 for each additional debtor name

☐ **AMENDMENT**

The financing statement bearing the above file number is amended as set forth below. **Must be signed by** both debtor and secured party for Effective Financing Statement.

Fee: \$20 and \$2 for each additional debtor name

This area is for the description of collateral, release, collateral if assigned, or description of real estate, if necessary:

Check (X) if covered: ☐ *PROCEEDS* of collateral are also covered. ☐ *PRODUCTS* of collateral are also covered.

Use the following spaces only for Farm Products requiring EFFECTIVE FINANCING STATEMENT (EFS)

FARM PRODUCT	YEAR	QUANTITY	COUNTY CODE	LOCATION IN COUNTY OR FURTHER DESCRIPTION

Pay proceeds to Debtor and Secured Party unless otherwise checked: ☐ Secured Party only ☐ Debtor only

Filed with the Secretary of State as ☐ UCC ☐ EFS ☐ BOTH

Number of Additional Sheets, if any \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Debtor(s)

\_\_\_\_\_  
Signature of Secured Party